

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			1			
2		X				
3			1			
4			2			
5			0			
6			0			
7			0			
8			0			
9			0			
10			0			
11			0			
12			(1)			
13			(1)			
14			(1)			
15			1			
16			0			
17			0			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			0			
26			0			
27						
28						
29						
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36						
37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			25			
TOTAL CLAIMS			26			

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						